



UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>		Attorney Docket No. 59210.000052			
		First Inventor Ruey J. YU			
Title OLIGOSACCHARIDE ALDONIC ACIDS AND THEIR TOPICAL USE					
		Express Mail Label No. _____			
APPLICATION ELEMENTS					
See MPEP chapter 600 concerning utility patent application contents.					
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i></p> <p>2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages <u>86</u>] <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> - Descriptive title of the invention - Cross Reference to Related Applications (<i>if applicable</i>) - Statement Regarding Fed sponsored R & D (<i>if applicable</i>) - Reference to sequence listing, a table, or a computer program listing appendix (<i>if applicable</i>) - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (<i>if filed</i>) - Detailed Description - Claim(s) - Abstract of the Disclosure </p> <p>4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets]</p> <p>5. Oath or Declaration [Total Pages <u>3</u>] <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i> <ul style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b) </p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> <p>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:</p> <p><input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: <u>09/987,023</u></p> <p>Prior application information: Examiner: <u>Shelly A. Dobson</u> Group / Art Unit: <u>1616</u></p> <p>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>					
ACCOMPANYING APPLICATION PARTS					
<p>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (<i>when there is an assignee</i>)</p> <p>11. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)</p> <p>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input checked="" type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (<i>if foreign priority is claimed</i>)</p> <p>16. <input type="checkbox"/> Nonpublication request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other: _____</p>					
19. CORRESPONDENCE ADDRESS					
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		21967			
		or <input type="checkbox"/> Correspondence address below			
Name	HUNTON & WILLIAMS LLP				
Address	1751 PINNACLE DRIVE SUITE 1700				
City	MCLEAN	State	VA	Zip Code	22102
Country	USA	Telephone	703 714 7400	Fax	703 714 7410
Name (Print/Type)	Patrick A. Doody	Registration No. (Attorney/Agent)			35,022
Signature				Date	March 30, 2004

16834 U.S.PTO
10/8/11998

FEE TRANSMITTAL

MAIL STOP

Total Amount Of Payment (\$)**385.00**

Complete If Known	
Application No.	unassigned
Filing Date	March 30, 2004
First Named Inventor	Ruey J. YU
Examiner Name	
Group Art Unit	
Attorney Docket No.	59201.000052

METHOD OF PAYMENT (check one)

1. The Commissioner for Patents is hereby authorized to charge indicated fees and credit any over payments to **Deposit Account No. 50-0206** in the name of Hunton & Williams LLP.

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FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Fee Description	Fee Paid
<input type="checkbox"/> Surcharge - late filing fee or oath	\$
<input type="checkbox"/> Surcharge - late provisional filing fee or cover sheet	\$
<input type="checkbox"/> _____ Month Extension of Time	\$
<input type="checkbox"/> Notice of Appeal	\$
<input type="checkbox"/> Filing Brief in Support of Appeal	\$
<input type="checkbox"/> Request for Oral Hearing	\$
<input type="checkbox"/> Utility Issue Fee (or Reissue) (including Publication Fee, if necessary)	\$
<input type="checkbox"/> Design Issue Fee	\$
<input type="checkbox"/> Plant Issue Fee	\$
<input type="checkbox"/> Petition to Commissioner	\$
<input type="checkbox"/> Petition to Revive (Unavoidable)	\$
<input type="checkbox"/> Petition to Revive (Unintentional)	\$
<input type="checkbox"/> Petitions Related to Provisional Applications	\$
<input type="checkbox"/> Submission of Information Disclosure Statement	\$
<input type="checkbox"/> Filing Submission After Final Rejection	\$
<input type="checkbox"/> Recording Each Patent Assignment Per Property	\$
<input type="checkbox"/> Filing Request for Reexamination	\$
<input type="checkbox"/> Other (specify) _____	\$

FEE CALCULATION

1. **BASIC FILING FEE** Large Entity Small Entity

Fee Paid

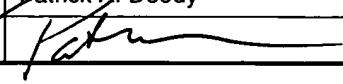
Utility Filing Fee	\$	385.00
Design Filing Fee	\$	
Plant Filing Fee	\$	
Reissue Filing Fee	\$	
Provisional Filing Fee	\$	

2. EXTRA CLAIMS FEES**CLAIMS AS AMENDED**

For	Number Present	Highest Number Paid For	Extra	Rate		Amount
				Large Entity	Small Entity	
TOTAL CLAIMS	1	20	0	x \$ 18.00	x \$ 9.00	\$ 0.00
INDEPENDENT CLAIMS	1	3	0	x \$ 86.00	x \$ 43.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS				\$ 290.00	\$ 145.00	\$ 0.00
TOTAL EXTRA CLAIMS FEES						\$ 0.00

SUBMITTED BY

Complete (if applicable)

Typed or Printed Name	Patrick A. Doody	Registration No.	35,022
Signature		Date	March 30, 2004